

07-19-04 PART B - FEE(S) TRANSMITTAL

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Monica L. Thomas (Depositor's name)
Monica L. Thomas (Signature)
7-16-04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/052,092	01/18/2002	Suzanne Fuqua	HO-P02102US2	5838

TITLE OF INVENTION: METHODS AND COMPOSITIONS IN BREAST CANCER DIAGNOSIS AND THERAPEUTICS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	07/19/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SWITZER, JULIET CAROLINE	1634	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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Melissa L. Sistrunk

(Date)

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01 FC:2501 665.00 OP
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PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/052,092
		Filing Date	January 18, 2002
		First Named Inventor	Suzanne Fuqua
		Art Unit	1632
		Examiner Name	V. E. Bertoglio
Total Number of Pages in This Submission	2	Attorney Docket Number	HO-P02102US2

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Part B - Fee(s) Transmittal Check in the amount of \$980.00 Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	FULBRIGHT & JAWORSKI L.L.P. Melissa L. Sistrunk - 45,579
Signature	
Date	July 16, 2004

Transmittal	
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Dated: July 16, 2004	Signature: (Monica L. Thomas)